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Docket No.: 0104-0311P

Assistant Commissioner for Patents  
Box PATENT APPLICATION  
Washington, D.C. 20231

Sir:

As authorized by the inventor(s), transmitted herewith for filing  
is a patent application applied for on behalf of the inventor(s)  
according to the provisions of 37 CFR 1.41(c).

Inventor(s): MATTSSON, Ulf  
DAS, Tamojit

For: A METHOD AND A SYSTEM FOR PREVENTING IMPERSONATION OF A  
DATABASE USER

Enclosed are:

☒ A specification consisting of 12 pages

☒ 2 sheet(s) of formal drawings

☒ Applicant does not claim priority

☐ Applicant claims the right of priority under 3 USC 119 based on  
Application No(s): \_\_\_\_\_ filed in \_\_\_\_\_ on \_\_\_\_\_  
☐ Certified copy is attached hereto

☐ Certified copy will follow

☒ Executed Declaration in accordance with 37 CFR 1.64 will follow

☐ A verified statement to establish small entity status under 37  
CFR 1.9 and 37 CFR 1.27

- ☐ Applicant claims small entity status under 37 CFR 1.27  
☒ Preliminary Amendment  
☐ Information Disclosure Statement, PTO-1449 with reference(s)  
☐ Application Data Sheet in accordance with 37 CFR 1.76  
☒ Other Information Sheet  
☐ Applicant requests early publication

The filing fee has been calculated as shown below:

LARGE ENTITY					SMALL ENTITY		
FOR	NO. FILED	NO. EXTRA	RATE	FEE		RATE	FEE
BASIC FEE	***** ***** *****	***** ***** *****	***** ***** *****	\$710.00	or	**** **** ****	\$355.00
TOTAL CLAIMS	6 - 20 =	0	x18 =\$	0.00	or	x 9 = \$	0.00
INDEPENDENT	2 - 3 =	0	x80 =\$	0.00	or	x 40 = \$	0.00
MULTIPLE DEPENDENT CLAIM PRESENTED <u>no</u>			+270 = \$	0.00	or	+135 = \$	0.00
TOTAL \$				710.00	TOTAL \$ 0.00		

- ☒ The application transmitted herewith is filed in accordance with 37 CFR 1.41(c). The undersigned has been authorized by the inventor(s) to file the present application. The original duly executed patent application together with the surcharge will be forwarded in due course.  
☒ A check in the amount of \$ 710.00 to cover the filing fee and recording fee (if applicable) is enclosed.  
☐ The Government Filing Fee will be paid at the time of completion of the filing requirement.  
☐ Please charge Deposit Account No. 02-2448 in the amount of \$ \_\_\_\_\_. A triplicate copy of this transmittal form is enclosed.

